

SUPPLEMENTAL PISTOL PERMIT LICENSE APPLICATION INSTRUCTIONS

1. Application forms are to be submitted in **duplicate (NO COPIES)**. Fill in all blank spaces.
2. Sign **both** application forms in the **presence of a Notary Public** in the spaces provided.
3. The fee is \$5.00. It may be a Personal Check or U. S. Postal Money order payable to: "Schoharie County Sheriff".
4. ****Please include proof of Recertification. If you submitted the paper recertification form prior to the January 31, 2018 deadline and have not received confirmation, please indicate you have completed the recertification on the attached Affidavit. The Affidavit must be notarized. Disregard the Affidavit if it does not apply. ****
5. **IMPORTANT:** When submitting this application, kindly include a list of handguns currently registered on your permit on a separate piece of paper. **Please make sure all the firearm information is accurate.**
6. **Return the application forms and \$5.00 fee to:**

Schoharie County Sheriff's Office
P.O. Box 159
157 Steadman Way
Howes Cave, NY 12092
7. If you have any questions, please contact the Pistol Permit Clerk at 518 295-2226.

*****APPLICANTS SHALL NOT BRING ANY FIREARMS INTO THE SCHOHARIE COUNTY OFFICE BUILDING OR THE SCHOHARIE COUNTY COURT HOUSE.*****

APPLICATION FOR SUPPLEMENTAL PISTOL PERMIT

State of New York
County of Schoharie

_____ being duly sworn deposes and says:

That he/she resides at _____, NY _____;

that he/she is the holder of Pistol License No. _____ issued on _____.

That said license has never been suspended or revoked, and that deponent has not been convicted of any crime or misdemeanor, or violation of any penal code.

That deponent has never suffered any mental illness, or been confined to any hospital, public or private institution for mental illness.

That deponent wished to apply for a supplemental permit because:

Additional information needed for license is as follows: Phone #: _____

Height: _____ Weight: _____ Date of Birth: _____ Social Security # _____

Occupation: _____ Employed by: _____

Sworn before me on this _____
day of _____, 20____

(Deponent Signature)

Notary Public

Issued: _____
County Judge